



# NORFOLK

## Department of Human Resources

### Disability Management Non-Occupational Request for Modified Duty Form

#### Part I: Employee's Request for Modified Duty

Due to my recent disabilities, I am unable to perform all or part of my assigned duties. I therefore request a temporary modified duty assignment. I do recognize that modified duty can only be provided if it is available, productive and it provides a safe environment for my medical condition. I understand the City is not obligated to provide a temporary modified duty assignment to a disabled employee for a non-occupational condition.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Part II: (To be completed by the employee's Supervisor/Division Head)

Department/Bureau: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

Employee's Classification: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Date Medical Disability began: \_\_\_\_\_

Description of Medical Disability (Attach copies of any medical documentation available):  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Medical Treatment provider(s):  
\_\_\_\_\_  
\_\_\_\_\_

Has a Worker's Compensation Claim been filed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there an appeal pending? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Part III: (To be completed by the DMC)

Is a Modified Duty assignment available at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, date assigned: \_\_\_\_\_

Description of proposed Modified Duty Assignment (Please include location and description of job duties):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward to the Disability Case Manager,  
Human Resources Department, Room 100**

Revised 6/18/2015